

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis.** (No. **Alexian Bros. Hospital.**)

File No. **22550**
 Registered No. **6381**
 St. Ward)

2. FULL NAME

Charles A. Becker
 (a) Residence, No. **2738a Osage St.** St. **15** Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married.**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Bessie Becker**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 5, 1897.**
 7. AGE YEARS **37** MONTHS **4** DAYS **22** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Draftsman**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis, Mo.**
 (STATE OR COUNTRY)

13. NAME **Stephen Becker.**
 14. BIRTHPLACE (CITY OR TOWN) **St. Louis, Mo.**
 (STATE OR COUNTRY)

15. MAIDEN NAME **Edna Kline**
 16. BIRTHPLACE (CITY OR TOWN) **Montgomery, Ala.**
 (STATE OR COUNTRY)

17. INFORMANT **Bessie Becker**
 (ADDRESS) **2738a Osage St.**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Jefferson Barracks** DATE **June 30, 1934.**

19. UNDERTAKER **J. N. Barker Lumber Co.**
 (ADDRESS) **2842 Meramec St.**

20. FILED **24** 19 **34**
J. H. Redick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **JUNE 27, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **JUNE 20**, 19**34**, to **JUNE 27**, 19**34**

I last saw him alive on **JUNE 27**, 19**34** Death is said

to have occurred on the date stated above, at **5:45 a. m.**

The principal cause of death and related causes of importance were as follows:

acute appendicitis Date of onset **JUNE 17**
Peritonitis **JUNE 19**

Other contributory causes of importance:
12/10
12/11
12/12

Name of operation **Appendectomy** Date of **JUNE 20**

What test confirmed diagnosis **Path. Report** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **None** Date of injury 19.....

Where did injury occur? **none**
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **none**

Nature of injury **none**

24. Was disease or injury in any way related to occupation of deceased? **none**

If so, specify

(Signed) **W. Tupper Plummer**, M. D.

(Address) **2853 OSAGE**

